

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 344004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 04/07/2005
NAME OF PROVIDER OR SUPPLIER JOHN UMSTEAD HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 1003 12TH ST BUTNER, NC 27509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 000	INITIAL COMMENTS	A 000			
{A 006}	A follow up visit was made on 4/7/05 due to Immediate Jeopardy findings from a survey on March 4 and March 10, 2005. During this survey Immediate Jeopardy was removed. Will forward information to CMS Regional office in Atlanta. 482.12 GOVERNING BODY The hospital must have an effective governing body legally responsible for the conduct of the hospital as an institution. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.	{A 006}			
{A 016}	This CONDITION is not met as evidenced by: 482.12(c) CARE OF PATIENT In accordance with hospital policy, the governing body must ensure that specific patient care requirements are met.	{A 016}			
{A 038}	This STANDARD is not met as evidenced by: 482.13 PATIENTS' RIGHTS A hospital must protect and promote the rights of each patient.	{A 038}			
{A 058}	This CONDITION is not met as evidenced by: 482.13(c)(3) FREE FROM ABUSE & HARASSMENT The patient has the right to be free from all forms	{A 058}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{A 058}	Continued From page 1 of abuse or harassment.	{A 058}			
{A 199}	This STANDARD is not met as evidenced by: 482.23 NURSING SERVICES The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.	{A 199}			
{A 204}	This CONDITION is not met as evidenced by: 482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by:	{A 204}			